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CONFIRMATION NO. 4313

|  |   |                               |   |  |
|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/710,314   | <b>FILING OR 371(c) DATE</b><br>07/01/2004<br><b>RULE</b>   | <b>CLASS</b><br>208           | <b>GROUP ART UNIT</b><br>3616   | <b>ATTORNEY DOCKET NO.</b><br>81100061 / FMC<br>1755 PUS |
| <b>APPLICANTS</b><br>Leonard Shaner, New Baltimore, MI;<br>James Bederka, Northville, MI;<br>David Zhao, Northville, MI;<br>Jason Sobick, Royal Oak, MI;<br>Michael Stiyyer, Grosse Pointe Farms, MI;  |   |                               |   |  |
| ** CONTINUING DATA *****   |   |                               |   |  |
| ** FOREIGN APPLICATIONS *****  |   |                               |   |  |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 08/17/2004   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <input checked="" type="checkbox"/> Allowance<br>Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> |   | <b>STATE OR COUNTRY</b><br>MI | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>20                                |
|  |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>3                           |
| <b>ADDRESS</b><br>28395  |   |                               |   |  |
| <b>TITLE</b><br>VEHICLE SIDE AIRBAG APPARATUS AND SEAT CONTAINING SAME   |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>770  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |